

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568225

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            | /        |      |                                    |      |                                    |      |
| 2            |          | /    |                                    |      |                                    |      |
| 3            |          | /    |                                    |      |                                    |      |
| 4            | /        |      |                                    |      |                                    |      |
| 5            | /        |      |                                    |      |                                    |      |
| 6            |          | /    |                                    |      |                                    |      |
| 7            |          | /    |                                    |      |                                    |      |
| 8            |          | /    |                                    |      |                                    |      |
| 9            | /        |      |                                    |      |                                    |      |
| 10           |          | /    |                                    |      |                                    |      |
| 11           |          | /    |                                    |      |                                    |      |
| 12           |          | /    |                                    |      |                                    |      |
| 13           |          | /    |                                    |      |                                    |      |
| 14           |          | /    |                                    |      |                                    |      |
| 15           |          | /    |                                    |      |                                    |      |
| 16           |          | /    |                                    |      |                                    |      |
| 17           |          | /    |                                    |      |                                    |      |
| 18           |          | /    |                                    |      |                                    |      |
| 19           |          | /    |                                    |      |                                    |      |
| 20           |          | /    |                                    |      |                                    |      |
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| TOTAL IND.   | 3        | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   | 17       | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS | 20       |      |                                    |      |                                    |      |

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
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| 87           |          |      |                                    |      |                                    |      |
| 88           |          |      |                                    |      |                                    |      |
| 89           |          |      |                                    |      |                                    |      |
| 90           |          |      |                                    |      |                                    |      |
| 91           |          |      |                                    |      |                                    |      |
| 92           |          |      |                                    |      |                                    |      |
| 93           |          |      |                                    |      |                                    |      |
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| TOTAL IND.   |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   |          | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |

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